

BEST AVAILABLE COPY

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO.	FILING DATE					
						APPLICANT(S)						
						CLAIMS						
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		IND.	DEP.	IND.	DEP.	IND.	DEP.
	IND.	DEP.	IND.	DEP.	IND.	DEP.						
1	/											
2	/	1										
3	/											
4	/											
5	/											
6	/											
7	/											
8		4										
9		10										
10		1										
11	/											
12		1										
13	/											
14	/											
15	/											
16	/											
17		5										
18		5										
19		5										
20		5										
21		5										
22		3										
23		1										
24		1										
25	/											
26		1										
27		1										
28		1										
29	/											
30		1										
31		10										
32	/											
33		1										
34		1										
35	/											
36		1										
37		1										
38	/											
39		1										
40	/											
41		1										
42		1										
43		1										
44	/											
45		1										
46		1										
47		1										
48	/											
49		1										
50		1										
TOTAL IND.	16											
TOTAL DEP.	61	↔		↔		↔						
TOTAL CLAIMS	77	██████████		██████████		██████████						
TOTAL IND.	2											
TOTAL DEP.	8	↔		↔		↔						
TOTAL CLAIMS	10	██████████		██████████		██████████						